Community Health Group	POLICY TYPE: ☒Corporate ☐ Divisional			
EFFECTIVE DATE: September 25, 2013	INITIAL APPROVAL DATE: September 25, 2013	NEXT REVIEW DATE: May 2017	POLICY NUMBER: 5520	
REVISION APPROVAL DATE: 9/13, 4/14, 11/14, 4/15, 4/16		APPLIES TO PRODUCT TYPE: ☒Medi-Cal ☒ CMC		PAGE: 1 of 7
POLICY APPLIES TO: All Departments and Divisions		CLASSIFICATION SERIES: COMPLIANCE		
SUBJECT: Minimum Necessary Policy				

Purpose/Statement:

The purpose of this policy is to outline the procedures of Community Health Group and Community Health Group Partnership Plan (collectively, "CHG") on the Use and Disclosure of, and requests for, Protected Health Information ("PHI") in compliance with the Minimum Necessary standards.

1.0 POLICY

1.1. CHG will ensure that its' Use, Disclosure of and requests for PHI are in accordance with the Minimum Necessary requirements under HIPAA. CHG will make reasonable efforts to limit the amount of PHI that it Uses, Discloses or requests to the Minimum Necessary to accomplish the intended purpose of the Use, Disclosure or request.

2.0 AREAS INVOLVED

2.1. All Departments

3.0 CROSSED-REFERENCED DOCUMENTS

3.1. The Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160 and 164 ("HIPAA")

3.2. Policy on Uses and Disclosures of PHI for Treatment, Payment or Health Care Operations and Pursuant to Authorization

4.0 KEY DEFINITIONS

The following are definitions of key terms used in this policy. The definitions of other capitalized terms used in this policy and not defined in this Section 4.0 can be found in the Glossary.

4.1. **"Authorization"** means the form signed by an individual permitting CHG to Use or Disclose PHI for purposes beyond the scope of Treatment, Payment or Health Care Operations.

4.2. **"Disclose,"** or **"Disclosure"** or means, with respect to PHI, the release of, transfer of, provision of access to, or divulging in any manner, of PHI outside of CHG's internal operations or to other than its Workforce Members.

4.3. "**Protected Health Information"** ("PHI") means information that (i) is created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse; (ii) relates to the past, present or future physical or mental health or condition of an individual; the provision of Health Care to an individual, or the past, present or future Payment for the provision of Health Care to an individual; and (iii) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).

4.4. **"Minimum Necessary"** means the least amount of PHI needed to accomplish the intended purpose of a Use, Disclosure or request.

4.5. **"Use"** or **"Uses"** means, with respect to PHI, the sharing, employment, application, utilization, examination or analysis of such information within CHG's internal operations.

5.0 PROCEDURE

5.1. MINIMUM NECESSARY STANDARD

5.1.1. When Using or Disclosing PHI or requesting PHI from another Covered Entity, CHG shall make reasonable efforts to limit the PHI to the Minimum Necessary.

5.1.2. The Minimum Necessary requirements contained in this policy do not apply to the following:

5.1.2.1 Disclosures to or requests by a Health Care Provider for Treatment;

5.1.2.2 Disclosures made to the individual who is the subject of the PHI;

5.1.2.3 Disclosures made under an Authorization;

5.1.2.4 Disclosures made to the Secretary of the Department of Health and Human Services that are related to the compliance and enforcement of HIPAA;

5.1.2.5 Uses and Disclosures that are required under law; or

5.1.2.6 Uses and Disclosures required for compliance with HIPAA. The Compliance Officer shall be responsible for providing guidance on the applicability of this exception.

5.2. INTERNAL USE BY CHG

5.2.1. The Compliance Department is responsible for identifying those persons or categories of persons, as determined by job function, in CHG's Workforce who need access to PHI to carry out their duties, and shall, for each such person or class:

5.2.1.1 Identify the category or categories of PHI to which access is needed in order for the persons or class to carry out their duties; and

5.2.1.2 Identify any conditions that should apply each person's or class' access to the PHI.

5.2.1.3 An example of implementation of the requirements set forth in Section 5.2.1 is identifying that CHG's nurses need access to PHI to carry out their duties (Section 5.2.1) and to perform their duties, the nurses need access to all PHI of their patients (Section 5.2.1.1). However, the nurses only will have such access to PHI when they are on duty (Section 5.2.1.2).

5.2.2. The Compliance Department is responsible for implementing procedures that set forth the persons or classes entitled to access PHI, the types or categories of PHI to which such persons or classes can access, and any conditions to such access. The Compliance Department is responsible for overseeing and making reasonable efforts to ensure that only the identified persons in the Workforce obtain access to the limited type of PHI that is required to carry out their duties.

5.2.3. The Compliance Department shall review the procedures it creates under this Section on a quarterly basis to identify if any changes need to be made to the access permitted by such procedures. All requests from Workforce Members for changes in access to PHI shall be directed to the Compliance Department for approval. The Compliance Department shall consult with the Privacy Officer, as necessary, to determine if it should approve changes in access to PHI under this Section.

5.3. ROUTINE DISCLOSURES TO THIRD PARTIES

5.3.1. For Disclosures that CHG makes on a routine, recurring basis, CHG must limit the PHI disclosed to the Minimum Necessary to achieve the purpose of the Disclosure.

5.3.2. The Compliance Department is responsible for ensuring that all Departments and functions within CHG identify Disclosures of PHI that they make on a routine, recurring basis.

5.3.3. The Compliance Department is responsible for assisting each applicable Department or function to create standard protocols to be applied to reasonably ensure that routine Disclosures only include the Minimum Necessary PHI.

5.3.3.1 Each protocol developed under this Section must address the following:

(a) The protocol must set forth the type of PHI that can be Disclosed.

(b) The protocol must identify the types or categories of persons to whom the PHI identified in the protocol can be Disclosed.

(c) The protocol must identify any applicable conditions to providing the Disclosure.

5.3.4. The Compliance Department is responsible for ensuring that protocols are created and implemented as required under this Section.

5.3.5. The Compliance Department, in consultation with the Privacy Officer, is responsible for making the final determination as to whether a Disclosure can be categorized as "routine and recurring."

5.3.6. If a Disclosure cannot be categorized as "routine and recurring," then the requirements set forth in Section 5.4 shall apply.

5.4. NON-ROUTINE DISCLOSURES TO THIRD PARTIES

5.4.1. For Disclosures that do not fall within Section 5.3., CHG shall take steps to limit them to the Minimum Necessary. All Disclosures that are not routine and recurring and that do not otherwise meet an exception set forth in this policy must be reviewed on an individual basis in accordance with this Section.

5.4.2. The Compliance Department, together with appropriate health care professionals, shall be responsible for developing criteria to be applied to analyze non-routine Disclosures to determine the Minimum Necessary PHI that can appropriately be Disclosed.

5.4.3. All non-routine Disclosures must be forwarded to the Compliance Department for review and approval prior to making the Disclosure. The Compliance Department shall be responsible for reviewing each non-routine Disclosure and determining the Minimum Necessary PHI that can be included in the Disclosure.

5.4.4. Requests for Disclosures by the following entities shall be deemed to be the Minimum Necessary for the stated purpose and do not require individual review by the Compliance Department:

5.4.4.1 Disclosures to a public official in accordance with applicable law, if the public official represents that the information requested is the Minimum Necessary;

5.4.4.2 The information is requested by another Health Care Provider, Health Plan, or Health Care Clearinghouse;

5.4.4.3 The information is requested by a professional who is a member of CHG's Workforce or is a Business Associate of CHG for the purpose of providing professional services to CHG, if the

professional represents that the information requested is the Minimum Necessary for the stated purpose(s); or

5.4.4.4 A person is requesting PHI for research purposes and he or she has complied with CHG's Policy on Research and provides documentation to that effect.

5.4.5. In the event a Workforce Member believes that a request for a Disclosure involving PHI from a person or entity listed in Section 5.4.4 above is not the Minimum Necessary, such Workforce Member must raise his or her concerns with the Compliance Department. The Compliance Department is responsible for evaluating such requests for Disclosure and determining whether it is reasonable for CHG to rely on such request. The Compliance Department shall consult with the Privacy Officer in making such determinations.

5.4.5.1 The Compliance Department or the Privacy Officer may contact the person or entity making the Disclosure request to discuss the concerns raised by the request.

5.4.6. The Compliance Department is responsible for documenting all decisions regarding Disclosures under this Section.

5.5. REQUESTING INFORMATION FROM OTHER COVERED ENTITIES

5.5.1. When requesting PHI from other Covered Entities, CHG must limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made.

5.5.2. For requests that are made on a recurring and routine basis, CHG must limit the PHI requested to the amount reasonably necessary to accomplish the purpose for which the request is made.

5.5.2.1 The Compliance Department is responsible for ensuring that all Departments and functions within CHG identify requests of PHI that they make on a routine, recurring basis.

5.5.2.2 The Compliance Department is responsible for assisting each applicable Department or function to create standard protocols to be applied to reasonably ensure that routine requests for Disclosures of PHI are limited to the Minimum Necessary.

5.5.2.3 Each protocol developed under this Section must address the following:

(a) The protocol must set forth the type of PHI that can be requested.

(b) The protocol must identify the types or categories of persons from whom the PHI identified in the protocol can be requested.

(c) The protocol must identify any applicable conditions to making the request.

5.5.2.4 The Compliance Department is responsible for ensuring that protocols for routine requests for PHI are created and implemented as required under this Section.

5.5.2.5 The Compliance Department, in consultation with the Privacy Officer, is responsible for making the final determination as to whether a request for PHI can be categorized as "routine and recurring."

5.5.2.6 If a request for PHI cannot be categorized as "routine and recurring," then the requirements set forth in Section 5.5.3 shall apply.

5.5.3. All requests for PHI that do not qualify as "routine and recurring," must be reviewed on an individual basis against criteria designed to limit the request to that which is reasonably necessary to accomplish the purpose, in order to determine whether the PHI sought is limited to that which is reasonably necessary to accomplish the purposes for which the request is made. The Compliance Department shall be responsible for reviewing such non-routine requests for PHI on an individual basis.

5.5.3.1 The Compliance Department is responsible for developing criteria to be applied to analyze non-routine requests for PHI to determine that only PHI which is reasonably necessary is requested.

5.5.3.2 All non-routine requests for PHI must be forwarded to the Compliance Department for review and approval prior to making the request.

5.6. **RULES FOR ENTIRE MEDICAL RECORD**

5.6.1. CHG may not Use, Disclose, or request an entire medical record, except when the Compliance Department, in consultation with a health care professional in the exercise of his or her professional judgment, determines that the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the Use, Disclosure, or request.

6.0 DOCUMENTATION RETENTION

6.1. All documents required to be created or completed by this policy shall be maintained **in the Compliance Department**.

7.0 CONTACT FOR QUESTIONS

7.1. If a Workforce Member has any questions or is uncertain about the correct procedure on the Use or Disclosure of, or request for only the Minimum

Necessary PHI, such Workforce Member should contact the Compliance Department.

Access Privileges: ☒ All ☐ _____

Regulatory:

NCQA:

Attachments: None

Policy Status: ☒ Signed (Signature on File) ☐ Active Draft ☐ Policy in Development

Approved By: Signature: _____

Department Head: Chief Compliance & Regulatory Affairs Officer

Date: _____

Signature: _____

Division Chief: Chief Executive Officer

Date: _____